



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
RADCLIFFE	JOHN		808/536-7557
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
222 S. VINEYARD ST., STE. 401	HONOLULU	HI	96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
RADCLIFFE & ASSOCIATES, LLC.			808/536-7557
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
222 S. VINEYARD ST., STE. 401	HONOLULU	HI	96813-2453

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
RJ REYNOLDS	336/741-0440		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
401 NORTH MAIN STREET	WINSTON-SALEM	NC	27102
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MIKE PHILLIPS			336/741-0440
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
401 NORTH MAIN STREET	WINSTON-SALEM	NC	27102

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	MIKE PHILLIPS	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	REGIONAL DIRECTOR-STATE GOVERNMENT RELATIONS
NAME OF ORGANIZATION (if applicable)	RJ REYNOLDS	TELEPHONE	336/741-0440
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
401 NORTH MAIN STREET	WINSTON-SALEM	NC	27102
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
(Signature of Authorizing Officer or Person Represented)		(Date)	
Michael W. Phillips		1/15/03	